

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

2008 OCT 30 PM 4:32

COMMITTEE NAME (Must be same as on Statement of Organization)

CHAMBERS FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

ROYD E. CHAMBERS

Political Party (if applicable)

R

Office Sought

IOWA STATE HOUSE OF REPRESENTATIVES

District (if Senate or House)

3

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1333

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.22A(7) and 68A.101(2), the candidate, for a

Roy E. Chambers
SIGNATURE OF PERSON FILING REPORT

712 324 2694

TELEPHONE

10/24/08

DATE SIGNED

I AM FILING A OCTOBER 31, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 5,540.02

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

3,932.50

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 9,492.52

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,178.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 7,314.52

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 CHAMBERS FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/27/08	ID# CK#	DELMAR SPRONK 1427 ELM CRT SHELTON, IA 51201		\$125	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	LAWRENCE BALDWIN 1661 PLEAS CT DR SHELTON 51201		25	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	DENHARTOG, ROBERT 811 OAK ST SHELTON 51201		50	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	FARNSWORTH, THOMAS 3631 ORIOLE AVE ARCHER, IA 51231		50	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	HAACK, DARYL 5985 390TH ST PRIMGHAR, IA 51245		125	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	HAACK, RICHARD 211 WANSINK AVE SHELTON 51201		50	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	HOPPE, ROY 1660 PLEAS CT DR SHELTON 51201		25	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	MCDOWELL, DUDLEY 5071 370TH ST SHELTON 51201		25	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	MICHELS, DENNIS PO BOX 427 SHELTON 51201		500	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	MINO, BRIAN 323 E 3RD ST ASHTON 51232		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1000.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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 (for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CHAMBERS FOR IOWA HOUSE

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/27/08	ID# CK#	OBRIEN, KELLY 302 E 2ND ST SANBORN, IA 51248		\$125	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	VANDEHOEF, RICHARD 1027 6TH ST NE SIBLEY, IA 51249		50	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	VANDERGRIJND, HARLAN 1341 KAHLER CT SHELTON, IA 51201		500	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	VANDERHAAG, JOHN & RUTH 408 SUNRISE AVE SANBORN 51248		125	<input checked="" type="checkbox"/>
10/28/08	ID# CK#	VANTHUL, BERNARD 1307 S 8TH AVE SHELTON 51201		20	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	WAUND, EMILY 6010 320TH ST SANBORN 51248		125	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	VERDOORN, LARRY & ALFREDA 5333 230TH ST ASHTON, IA 51232		50	<input checked="" type="checkbox"/>
10/24/08	ID# CK#	SCHOLTON, VICTOR 1415 ELM CT SHELTON 51201		25	<input checked="" type="checkbox"/>
10/24/08	ID# CK#	CHRISTENSEN, JIM & JULIE 4375 160TH AVE ROYAL, IA 51357		50	<input checked="" type="checkbox"/>
10/23/08	ID# CK#	SEEHUSEN, DUANE 231 N 9TH AVE SHELTON 51201		50	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,120

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CHAMBERS FOR IOWA HOUSE

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/24/08	ID# CK#	LICKHART, AL PO BOX 387 SHELDON, IA 51201		\$125	<input checked="" type="checkbox"/>
10/24/08	ID# CK#	SHELP, JAY 715 7TH ST SHELDON, IA 51201		25	<input checked="" type="checkbox"/>
10/24/08	ID# CK#	PETERS, MILO 3622 VAN BUREN AVE HARTLEY, IA 51346		25	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	ROETMAN, ALYDA 310 N. WASHINGTON AVE SHELDON 51201		50	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	KASCH, RUSS PO BOX 7 SIBLEY, IA 51249		35	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	WHITTENBURG, CHUCK 1608 W 4TH ST SPENCER, IA 51301		200	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	BRUGMAN, DAVID & SUE 4080 130TH AVE ROYAL, IA 51357		62.50	<input checked="" type="checkbox"/>
10/25/08	ID# CK#	TONSFELDT, JOHN 11160 240TH AVE SPIRIT LAKE, IA 51360		25	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	ANEMA, PAUL & TRUDY 212 W. 2ND ST. SANBORN, IA 51248		100	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	MCDOWELL, NANCY 5071 370TH ST SHELDON, IA 51201		50	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 697.50

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CHAMBERS FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/27/08	ID# CK#	O'BRIEN COUNTY REPUBLICANS 504 CARROLL ST. SANBORN, IA 51248		\$500	<input checked="" type="checkbox"/>
10/28/08	ID# CK#	ROMBERG, SYLVIA 303 24TH AVE SHELDON, IA 51201		20 10	<input checked="" type="checkbox"/>
10/27/08	ID# CK#	HOFFMAN, CLARENCE CHARTER OAK, IA 51349		100	<input checked="" type="checkbox"/>
10/24/08	ID# CK#	RENSINK, RON 221 PARK ST SHELDON, IA 51201		100	<input type="checkbox"/>
10/24/08	ID# CK# 1420	IOWA AGRIBUSINESS PAC 900 DES MOINES ST, DES MOINES 50309		100	<input type="checkbox"/>
10/24/08	ID# CK#	MOODY, DAVID 58404 200TH ST NEVADA, IA 50201		100	<input type="checkbox"/>
10/24/08	ID# 6058 CK#	IOWA CHIROPRACTIC SOCIETY 1605 N. ANKENY BLVD, ANKENY, IA 50023		100	<input type="checkbox"/>
10/27/08	ID# CK#	Waller, Steve PO Box 725 Spencer IA 51301		125	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,125.00

TOTAL (if last page of this schedule)

\$ 3,952.50

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CHAMBERS FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/27/08	ID# CK#	HOUSE MAJORITY FUND 621 E. 9TH ST DES MOINES, IA 50309	CONTRIBUTION	\$ 2,000
10/27/08	ID# CK#	HARTLEY COMM. BUILDING HARTLEY, IA 51346	EVENT RENTAL FEE	178.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2,178
TOTAL (if last page of this schedule)				\$ 2,178

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)